Early Learning Council Health & Home Visiting Committee Priority Recommendations for FY25

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Executive Summary

This document provides priority recommendations from the Early Learning Council's Health and Home Visiting Committee (ELC HHVC) to the major funders of home visiting to increase alignment in funding opportunities and program administration.

To develop these recommendations, the Committee first reviewed the 2021 recommendations from the ELC Home Visiting Task Force (HVTF), which was the previous incarnation of this Committee prior to the ELC re-organization. The 2021 recommendations covered seven categories related to funding opportunities:

1. coordinated assessment and prioritization of community risk and capacity;
2. preparatory support for programs;
3. Application requirements, rubrics, and reviewers;
4. funding allocation and adequacy;
5. approach to priority populations and racial equity;
6. community collaboration; and
7. approach to promising practice.

A crosswalk table on the next page shows the level of progress in achieving each recommendation, and, where additional opportunities remain to advance the HVTF recommendations in FY2025, the Health and Home Visiting Committee has highlighted these priority areas.

The FY2025 priority recommendations are as follows:

- IDHS-DEC and ISBE PI should leverage the same data on community risk and current reach of home visiting, to eliminate existing home visiting deserts and ensure applicants receive support to access that data for their applications. IDHS-DEC and ISBE PI should proactively work with IECAM to ensure that this data can be made available to the field ahead of application deadlines. This will require that IDHS-DEC and ISBE PI publish an updated list of current home visiting slots, across both home visiting and doula.
- IDHS-DEC and ISBE PI should encourage applicants to describe how they will prioritize serving families who meet ELC priority populations criteria.
- IDHS-DEC and ISBE PI should conduct additional outreach to ensure programs that were not funded in the FY23 IDHS-DEC NOFO or the FY24 ISBE PI RFP are aware of all IDHS-DEC and ISBE PI FY25 RFPs and NOFOs.
- IDHS-DEC and ISBE PI should both offer multiple TA opportunities for applicants, including TA office hours and running FAQs to provide swift answers to questions that arise during the application process.

- IDHS-DEC and ISBE PI should train reviewers on implicit bias and aim for racial/ethnic diversity and geographic diversity within each team.
- IDHS-DEC and ISBE PI should implement the same salary floor for home visitors.
- IDHS-DEC and ISBE PI should consider:
    - Funding the top scoring applicants at 100% of their requests until funds run out
    - Using a standard cost per slot/child/family
    - Avoiding funding for additional slots in saturated areas
- IDHS-DEC and ISBE PI should adopt parallel standards with respect to IECMHC for applicants. Standards should include a requirement to budget for IECMHC and at the rates, or higher, than those included in the FY23 IDHS NOFO.
- IDHS-DEC and ISBE PI should discuss shared standards for staffing, salaries, clinical consultation, and other core components of doula program administration.
- IDHS-DEC and ISBE PI should require that if there are open slots in the program, the program must accept all referrals of model eligible families with child welfare involvement and model-eligible families experiencing homelessness, regardless of family income.
- IDHS-DEC and ISBE PI should, at minimum, require applicants to participate in the local All Our Kids (AOK) Network, Integrated Referral and Intake System (IRIS), or other coordinated intake and referral initiative, where such a system exists.
- Regarding ensuring there is no dual enrollment in more than one intensive home visiting program, ISBE should clarify how programs can support families to enroll in Center Based and Home Visiting under PI, if the family wants. This is not “double dipping” and as such, programs should receive guidance on how to document enrollment and communicate eligibility to families enrolled in center-based or home-based PI.
- IDHS-DEC and ISBE PI should both require that programs implementing the Healthy Families American model (HFA) be approved to utilize the child welfare protocol.

Overview

In October 2021, the Early Learning Council's Home Visiting Task Force (ELC HVTF) approved a set of recommendations to the major funders of home visiting, including the Illinois Department of Human Services Division of Early Childhood (IDHS-DEC) and the Illinois State Board of Education Prevention Initiative (ISBE PI). IDHS-DEC manages state General Revenue Funds (formerly known as Healthy Families Illinois or HFI) and federal Maternal Infant and Early Childhood Home Visiting funding, and ISBE PI manages state funds from the Early Childhood Block Grant (ECBG). The purpose of these recommendations was to encourage coordination on future funding opportunities and alignment of program administration. The recommendations covered seven categories:

1. coordinated assessment and prioritization of community risk and capacity;
2. preparatory support for programs;
3. Application requirements, rubrics, and reviewers;
4. funding allocation and adequacy;
5. approach to priority populations and racial equity;
6. community collaboration; and
7. approach to promising practice.

The HVTF recommendations offered concrete suggestions for strengthening immediate funding opportunities, and also aligned with the longer-term mission of the Illinois Commission on Equitable Early Childhood Education and Care Funding.[1] The Commission elevated a core recommendation to centralize the administration of state and federal early childhood care and education funding, inclusive of home visiting, under one central agency. This longer-term transformation will be a multi-year effort, with more substantial programmatic and governance shifts starting in FY2027. However, ahead of that timeline, there are opportunities for the major funders of home visiting (HV) to take steps toward aligning funding opportunities and program administration.

Following the restructuring of the ELC, the new ELC Health and Home Visiting Committee was tasked with developing recommendations to align home visiting program requirements and program standards. This is timely, as both IDHS-DEC and ISBE PI are expected to release upcoming competitive funding opportunities in order to advance Governor Pritzker's *Smart Start Illinois* plan. In addition, home visiting services under ISBE PI and IDHS-DEC are to be included in the transition to a new unified early childhood agency, per the Governor's October 2023 announcement on early childhood governance.

In line with the current charge under the ELC, the Health and Home Visiting Committee has completed an analysis of the status of each of the prior HVTF recommendations, noting where progress has been made in the FY23 IDHS-DEC Home Visiting NOFO and FY24 ISBE PI RFP. There are two categories of progress: "some progress" and "no major changes." While progress has been made in many places, there are also numerous opportunities for ISBE PI and IDHS-DEC to continue working toward more aligned funding approaches.

The crosswalk on the next two pages lists each of the prior HVTF recommendations, the level of progress ("**some progress**" or "**no major changes**"), and whether there are priority opportunities for FY2025. The

[1] Illinois Commission on Equitable Early Childhood Education and Care Funding, Commission Report of Findings and Recommendations, Spring 2021
https://www2.illinois.gov/sites/OECD/Documents/Early%20Childhood%20Funding%20Commission%20Full%20Report.pdf

recommendations are color-coded, with the "easiest lift" recommendations in green, "moderate lift" in yellow, and "heaviest lift" items in red. More details on the status of each recommendation is provided in the section following the crosswalk. The HHVC priority recommendations are highlighted in blue: these are the most pressing for the major funders of home visiting to address by Fiscal Year 2025.

The Committee respectfully elevates these recommendations for continued alignment between ISBE PI and IDHS-DEC as a means of reducing program burdens, improving coherence and quality, and strengthening the home visiting workforce.

Crosswalk of 2021 HVTF Recommendations and FY25 HHVC Priorities

2021 HVTF Recommendation	Some Progress	No Major Changes	HHVC FY25 Priority
1. Coordinated assessment and prioritization of community risk and capacity			
a. The major funders should use consolidated data indicators approved by the HVTF to coordinate assessment of community risk for applicants across the HFI/MIECHV and ISBE funding opportunities.	X		
b. Add priority points to the HFI/MIECHV NOFO for programs aiming to serve a service desert that is identified as a priority community per the 2020 Needs Assessment. Re-evaluate after the HFI/MIECHV NOFO to assess whether service deserts (communities with zero slots) remain and prioritize funding under the FY24 ISBE RFP for applicants aiming to cover these service deserts.	X		X
c. Priority points should be considered for communities to write in for other specified risk factors and/or the Early Learning Council priority populations list[2] not included in the shared metrics list.	X		
2. Preparatory support for programs			
a. Publicize the list of DHS and MIECHV priority communities to all currently funded programs in Illinois (across all funders); clarify that communities not identified as priority DHS and MIECHV communities will have the opportunity to apply for the PI RFP for FY24, and that there is no guarantee of funding across any funding stream.	X		X
b. Stand up a cross-funder webinar to publicize the future NOFOs and RFP across all currently funded programs	X		X
c. The major funders (including those not releasing funding opportunities in FY23 and F24) should seek to build a more cohesive, robust TA system		X	
3. Application requirements, rubrics, and reviewers			
a. Share final evaluation scores with each applicant.		X	
b. Standardize the use of a common rubric (for example, building on or using the DHS rubric) across MIECHV, DFSS, and ISBE and share the standard rubric across funding streams.		X	
c. Provide/require application review panel participants to participate in a racial-equity focused training.	X		
4. Funding allocation and adequacy			
a. DHS/MIECHV and ISBE, in releasing future NOFOs and RFPs, should institute a cross-funder salary floor to increase compensation for home visitors.	X		X
b. Ensure that the per-child or per-slot funding amount described to applicants, and awarded, is reflective of the true cost of services including adequate compensation and appropriate caseloads. The funders should update the per child/slot allocation to include essential quality components or reserve funds to build out comprehensive supports like compensation increases and IECMH consultation access	X		X

[2] https://www2.illinois.gov/sites/OECD/Events/Documents/Priority%20Populations%20updated%202021.pdf

c. As a means of creating equitable access to core quality components, fund Infant and Early Childhood Mental Health Consultation at a standard rate across all programs.	X		X
d. Apply a consistent approach to funding doula services across funders.		X	X
5. Approach to priority populations and racial equity			
a. Require all applicants across the HFI/MIECHV and ISBE funding opportunities to identify the demographic characteristics of the target population, including, at a minimum, geographic area, age, race, ethnicity, language, and income.	X		
b. Demonstrate staffing that matches the race, ethnicity, and spoken language of target population, or describe hiring plans to ensure staff reflect population served. Prioritize applicants that describe specific, targeted plans for serving BIPoC and ELC priority populations in culturally and linguistically responsive ways.	X		
c. Standardize automatic eligibility for families meeting Early Learning Council priority populations criteria.	X		
6. Community collaboration			
a. Add priority points for demonstration of community and funder collaboration. Provide access to a single-source list of local programs, and encourage collaborative proposals	X		
b. Require all applicants across funding streams to agree to participate in Coordinated Intake, to the extent that CI is available in their community. Require programs to communicate recruitment and enrollment information back to local CI workers for home visiting program-initiated enrollment processes.	X		X
7. Approach to promising practices			
a. The funders should publish cross-funder guidance in advance of the funding opportunities detailing the adaptations to the existing models (ie; HFA child welfare protocol) that can be implemented using existing funds ahead of the next NOFO/RFP.	X		X
b. Add priority points for programs that demonstrate an intention to hire, mentor, or otherwise support the engagement of former participants/parents as home visitors.		X	
c. Consider allocating cross-funder resources to TA or training to programs on the types of programmatic innovations that could be scaled with more dedicated funding following implementation of the Funding Commission recommendations.		X	

HVTF recommendation status and FY25 HHVC Priorities

1. Coordinated assessment and prioritization of community risk and capacity

1.a. The major funders should use consolidated data indicators approved by the HVTF to coordinate assessment of community risk for applicants across the HFI/MIECHV and ISBE funding opportunities. These risk and capacity data should guide funding decisions.

1.b. Add priority points to the HFI/MIECHV NOFO for programs aiming to serve a service desert that is identified as a priority community per the 2020 Needs Assessment. Re-evaluate after the HFI/MIECHV NOFO to assess whether service deserts (communities with zero slots) remain and prioritize funding under the FY24 ISBE RFP for applicants aiming to cover these service deserts. Once DHS/MIECHV grants are awarded, ISBE should evaluate any remaining zero slot communities to add priority for applicants from these areas.

Status: **Some progress**	**FY25 Priority**
The IDHS-DEC FY23 HV NOFO and IDHS MIECHV awards leveraged data from the Illinois Early Childhood Asset Map (IECAM) with risk indicators vetted by the HVTF to designate counties as either at-risk, high-consideration for funding, or not at-risk or high consideration. This informed the prioritization of counties/communities for funding, also considering where HFI funding was already allocated. Bonus points were allocated for priority 1 and 2 communities (10 and 5 points, respectively). In FY24, ISBE PI awarded priority points for communities in demonstrated preschool deserts. In the FY2025 PI expansion, ISBE plans to leverage a separate mapping of community deserts (including home visiting slots) for Prevention Initiative, as compared to the rest of the ECBG/preschool slot deserts.	IDHS-DEC and ISBE PI should leverage the same data on community risk and current reach of home visiting, to eliminate existing home visiting deserts and ensure applicants receive support to access that data for their applications. IDHS-DEC and ISBE PI should proactively work with IECAM to ensure that this data can be made available to the field ahead of application deadlines. This will require that IDHS-DEC and ISBE PI publish an updated list of current home visiting slots, across both home visiting and doula.

1.c. Priority points should be considered for communities to write in for other specified risk factors and/or the Early Learning Council priority populations list[3] not included in the shared metrics list. For example, a program that is aware of high levels of linguistically isolated families who has a plan to serve this population should be able to qualify that as a distinct risk metric in their application.

Status: **Some progress**	**FY25 Priority**
The IDHS-DEC FY23 HV NOFO required programs to prioritize (not limit) enrollment to the federal MIECHV priority populations. At least 80% of enrolled families must meet at least one of the 8 MIECHV priority population criteria. The remaining 20% of families must represent at least one Early Learning Council priority population OR have a mental health concern.	IDHS-DEC and ISBE PI should encourage applicants to describe how they will prioritize serving families who meet ELC priority populations criteria. Per Section 235.50 of the ECBG Administrative Code, Proposal Review and Approval for New or Expanding Programs, "the selection of proposals for funding may be based in part on geographic distribution and/or the need to provide resources to school districts and communities with varying demographic characteristics. Priority consideration may be given to proposals with specific areas of emphasis, as identified by the State Superintendent of Education in a particular RFP."

2. Preparatory support for programs

2.a. Publicize the list of IDHS and MIECHV priority communities to all currently funded programs in Illinois (across all funders); clarify that communities not identified as priority DHS and MIECHV communities will have the opportunity to apply for the PI RFP for FY24, and that there is no guarantee of funding across any funding stream.

Status: **Some progress**	**FY25 Priority**
This recommendation was largely achieved with the FY2023 IDHS NOFO.	IDHS-DEC and ISBE PI should conduct additional outreach to ensure programs that were not funded in the FY23 IDHS-DEC NOFO or the FY24 ISBE PI RFP are aware of all IDHS-DEC and ISBE PI FY25 RFPs and NOFOs.

[3] https://www2.illinois.gov/sites/OECD/Events/Documents/Priority%20Populations%20updated%202021.pdf

2.b. Stand up a cross-funder webinar to publicize the future NOFOs and RFP across all currently funded programs; leverage the HVTF, ELC, and other channels to publicize the learning opportunity to the field. Issue a cross-funder FAQ responding to questions raised during the webinar.

Status: Some progress	**FY25 Priority**
IDHS completed a series of webinars and a running FAQ for the FY2023 NOFO. IDHS also released a webinar in the fall of FY2023 to digest lessons learned from the NOFO. ISBE has hosted a series of learning sessions/town halls for the FY2025 ECBG RFP and they have shared their intention to offer Technical Assistance office hours for RFP applicants.	IDHS-DEC and ISBE PI should both offer multiple TA opportunities for applicants, including TA office hours and running FAQs to provide swift answers to questions that arise during the application process.

2.c. The major funders (including those not releasing funding opportunities in FY23 and F24) should seek to build a more cohesive, robust TA system that will 1) will identify, encourage, and support potential applicants to identify community needs and apply for funding and 2) ensure potential applicants have knowledge of what they are applying for and what is required of them to successfully implement the terms of the grant.

Status: No major changes	**FY25 Opportunity**
No unified T&TA opportunities have been held, though the Birth to Five Councils have worked to identify community needs through individual regional assessments and could be equipped to engage in more local TA.	The HHVC and the major funders should elevate the need for more robust T&TA for home visiting and other ECE programs to the Transition Advisory Committee (TAC). Additionally, IDHS-DEC and ISBE PI could ensure that each other's expansion plans are included in bidder's webinars and other T&TA ahead of the FY2025 RFPs and NOFOs to ensure programs understand the landscape of funding opportunities.

3. Application requirements, rubrics, and reviewers

3.a. Share final evaluation scores with each applicant.

Status: No major changes	**FY25 Opportunity**
Final scores from the FY2023 IDHS-DEC NOFO with applicants who submitted individual FOIA requests. The public post-award webinar on lessons learned shared the range of scores across new and existing applicants.	To support transparency, IDHS and ISBE should explore how future funding opportunities could more routinely share scores. This may need to be addressed with the agencies' respective legal teams, or be elevated to the TAC for the new state agency.

3.b. Standardize the use of a common rubric (for example, building on or using the DHS rubric) across MIECHV, DFSS, and ISBE and share the standard rubric across funding streams.

Status: No major changes	**FY25 Opportunity**
There has not been coordination between the IDHS-DEC and ECBG funding opportunities or rubrics.	IDHS-DEC and ISBE PI should discuss lessons learned from past NOFOs and RFPs, and identify opportunities and any barriers to alignment. ISBE's PI RFP rubric and points are dictated by the ECBG Administrative Code, Section 235.50 "Proposal Review and Approval for New or Expanding Programs." Though changes to the administrative rules would likely be required, the 60-point threshold that applicants must meet to be eligible for funding may impede effective decision-making/more nuanced assessment of PI applicants. Any areas where rule change would be required should be documented and elevated to the Transition Advisory Committee to inform home visiting under the new ECE agency.

3.c. Provide/require application review panel participants to participate in a racial-equity focused training.

Status: Some progress	**FY25 Priority**
IDHS-DEC recruited and trained a diverse set of FY23 NOFO reviewers. IDHS-DEC required training on implicit bias in addition to a reviewer orientation webinar (including case scenarios for discussion). Reviewer teams were created, aiming for racial/ethnic diversity and geographic diversity within each team.	IDHS-DEC and ISBE PI should train reviewers on implicit bias and aim for racial/ethnic diversity and geographic diversity within each team.

4. Funding allocation and adequacy

4.a. DHS/MIECHV and ISBE, in releasing future NOFOs and RFPs, should institute a cross-funder salary floor to increase compensation for home visitors.

4.b. Ensure that the per-child or per-slot funding amount described to applicants, and awarded, is reflective of the true cost of services including adequate compensation and appropriate caseloads. The funders should update the per child/slot allocation to include essential quality components or reserve funds to build out comprehensive supports like compensation increases and IECMH consultation access. Per-slot or per-child costs should reflect the increase in program costs associated with higher compensation, and compensation increases should be prioritized over slot expansion to mitigate staff turnover impacting family retention rates.

Status: Some progress	**FY25 Priority**
IDHS-DEC implemented a salary floor in its FY23 NOFO. Specifically, grantees had to assure that all home visitors and supervisors join the Gateways to Opportunity Registry and that home visitors receive the salaries shown in the table below, at minimum. The indicated minimum salaries for supervisors were strongly recommended. Applicants were advised that if it was not feasible to implement the minimum salary requirement for home visitors in SFY23, they could propose to incrementally raise salaries in order to reach the minimum salary by SFY25. IDHS-DEC also publicized a potential average cost per slot and used this standard to encourage programs to apply for the level of funding necessary for robust programming and solid staff compensation. Most significantly, IDHS-DEC funded top scoring applicants at 100% of their requests until funds ran out, rather than funding a larger number of applicants at a lower level. In addition, IDHS-DEC made adjustments to "right-size" proposed budgets, using the HV cost model's per-child cost and the applicants' proposed number of families served.	IDHS-DEC and ISBE PI should implement the same salary floor for home visitors. IDHS-DEC and ISBE PI should consider: ○ Funding the top scoring applicants at 100% of their requests until funds run out ○ Using a standard cost per slot/child/family ○ Avoiding funding for additional slots in saturated areas

Position	Minimum Salary for 1.0 FTE (Chicago, Cook, and Collar Counties)	Minimum Salary for 1.0 FTE (rest of the state)
Home Visitor	$46,800	$37,485
Home Visiting Supervisor	$59,598	$48,058

4.c. As a means of creating equitable access to core quality components, fund Infant and Early Childhood Mental Health Consultation at a standard rate across all programs.

Status: Some progress	FY25 Priority
The IDHS-DEC FY23 NOFO required applicants to describe how their program currently utilizes Infant/Early Childhood Mental Health Consultation (IECMHC) and how they plan to utilize IECMHC during the grant period. The Illinois model of IECMHC, including cost, was utilized to inform the per-child cost in the anticipated per-slot cost for IDHS applicants. Programs were required to include Infant/Early Childhood Mental Health Consultation (at least $150/hour x 72hrs/year = $10,800 per year, per program) in their budget narrative. ISBE already allows programs to use ECBG funds on IECMHC but does not require a standard level across all applicants.	IDHS-DEC and ISBE PI should adopt parallel standards with respect to IECMHC for applicants. Standards should include a requirement to budget for IECMHC and at the rates, or higher, than those included in the FY23 IDHS NOFO. IDHS-DEC State, IDHS MIECHV, ISBE PI, the City of Chicago Department of Family and Support Services, and the Illinois Head Start Association have already all signed onto the Joint Statement on Infant/ Early Childhood Mental Health Consultation (IECMHC), March 2021.[4] This statement clarifies that IECMHC is an allowable expense for home visiting, doula, and coordinated intake programs funded by the above listed funding sources. However, applicants who may be concerned about submitting a lower-cost application may under-budget or not include IECMHC to be more competitive.

4.d. Apply a consistent approach to funding doula services across funders.

Status: No major changes	FY25 Priority
The major funders should ensure funding for doula services is reflective of the true cost of services including reduced caseloads. ISBE PI and IDHS-DEC are currently funding doula through different approaches. For FY23, ISBE PI had a separate funding opportunity for programs to add doula services that applied a different cost rationale to staffing and caseloads; $1K per home visiting slot was used as a framework for adding doula to existing PI capacity. This did not align with the prior approach that IDHS-DEC and ISBE PI have used for funding doula services, with respect to staffing ratios.	IDHS-DEC and ISBE PI should discuss shared standards for staffing, salaries, clinical consultation, and other core components of doula program administration.

[4] https://oecd.illinois.gov/content/dam/soi/en/web/oecd/documents/dhs-miechv-isbe-ihsa-dfss-statement-on-hv-and-iecmhc-2021-03-10.pdf

IDHS-DEC set aside $400K for the top 2 doula applications. IDHS-DEC requires that a program must maintain 2 FTE home visitors for every 1 FTE doula to ensure that all doula participants can transition into HV. IDHS also implemented a salary floor for doula and doula supervisors.	

5. Approach to priority populations and racial equity

5.a. Require all applicants across the HFI/MIECHV and ISBE funding opportunities to identify the demographic characteristics of the target population, including, at a minimum, geographic area, age, race, ethnicity, language, and income.

5.b. Demonstrate staffing that matches the race, ethnicity, and spoken language of target population, or describe hiring plans to ensure staff reflect population served. Prioritize applicants that describe specific, targeted plans for serving BIPoC and ELC priority populations in culturally and linguistically responsive ways.

Status: **Some progress**	**FY25 Opportunity**
IDHS-DEC required applicants to adopt a shared racial equity definition and demonstrate their approach to culturally responsive staffing as a part of agency capacity in the application narrative. For ISBE, PI, per Section 235.20 of the ECBG Administrative Code, Application Procedure and Content for New or Expanding Programs, "Applications will include "current demographic or descriptive information regarding the community in which the families and children reside (including information on the prevalence of homelessness)." Additionally, per the Section 235 Illinois Birth to Five Program Standards, "The program supports and demonstrates respect for the families' unique abilities, as well as for their ethnic, cultural, and linguistic diversity." However, results from the 2023 INCCRRA Home Visiting Staffing and Salary Survey indicate there is opportunity for increased alignment between the languages spoken by home visiting staff and the languages spoken by families served.	ISBE PI can uplift existing ECBG requirements with reflect to documenting the demographic characteristics of the target population and demonstrate how staffing will be culturally responsive. IDHS-DEC can utilize the lessons learned from the PDG B-5 qualitative research into improving recruitment and retention of a diverse home visiting workforce to continue to inform strategies in future funding opportunities. The major funders can jointly explore opportunities to use compensation strategies, targeted recruitment, workforce pathways, and other tools to improve the degree to which the language, race and ethnicity, and community of origin of the home visiting workforce aligns with families served.

5.c. Standardize automatic eligibility for families meeting Early Learning Council priority populations criteria.

Status: Some progress	**FY25 Priority**
The IDHS-DEC FY23 NOFO required that if there are open slots in the program, the program must accept all referrals of model eligible families with child welfare involvement and model-eligible families experiencing homelessness, regardless of family income.	IDHS-DEC and ISBE PI should require that if there are open slots in the program, the program must accept all referrals of model eligible families with child welfare involvement and model-eligible families experiencing homelessness, regardless of family income.

6. Community Collaboration

6.a. Add priority points for demonstration of community and funder collaboration. Provide access to a single-source list of local programs, and encourage collaborative proposals (ie; demonstration of cross-agency communication about applications, narrative about how programs in a community will collaborate on non-competitive recruitment, and joint-proposals).

6.b. Require all applicants across funding streams to agree to participate in Coordinated Intake, to the extent that CI is available in their community. Require programs to communicate recruitment and enrollment information back to local CI workers for home visiting program-initiated enrollment processes.

Status: Some progress	**FY25 Priority**
ISBE already requires certain measures of collaboration to be demonstrated by PI applicants. Per Section 235.20 of the ECBG Administrative Code, Application Procedure and Content for New or Expanding Programs, "A description of how the program will coordinate with other programs, as specified in the RFP, that are in operation in the same area and that are concerned with the education, welfare, health and safety needs of young children. Requirements in the IDHS-DEC FY23 NOFO were as follows: a. Participate in the local All Our Kids (AOK) Network, Integrated Referral and Intake System (IRIS), or other coordinated intake and referral initiative, where such a system exists. (If there is no such initiative in your program's geographic area, this requirement does not apply to your program.)	IDHS-DEC and ISBE PI should, at minimum, require applicants to participate in the local All Our Kids (AOK) Network, Integrated Referral and Intake System (IRIS), or other coordinated intake and referral initiative, where such a system exists. Regarding ensuring there is no dual enrollment in more than one intensive home visiting program, ISBE should clarify how programs can support families to enroll in Center Based and Home Visiting under PI, if the family wants. This is not "double dipping" and as such, programs should receive guidance on how to document enrollment and communicate eligibility to families enrolled in center-based or home-based PI.

b. Engage in community public awareness and outreach activities to support program enrollment. c. Avoid dual enrollment in more than one intensive home visiting program. d. Avoid waitlisting families when there are open home visiting slots offered by another local program (for example, by establishing referral partnerships with the other program). e. Respond to all referral sources with the status of referrals and timeline for enrollment within two (2) business days 16receiving the referral. f. Respond to all follow-up inquiries from referral sources) within two (2) business days of receiving the inquiry. g. Track trends related to the population served, and adjust program plans to assure that families from priority populations are prioritized for services.	

7. Approach to promising practices

7.a. The funders should publish cross-funder guidance in advance of the funding opportunities detailing the adaptations to the existing models (ie; HFA child welfare protocol) that can be implemented using existing funds ahead of the next NOFO/RFP.

Status: **Some progress**	**FY25 Priority**
IDHS-DEC funded programs implementing the Healthy Families America model (HFA) must seek approval to utilize the child welfare protocol.	IDHS-DEC and ISBE PI should both require that programs implementing HFA be approved to utilize the child welfare protocol.

7.e. Add priority points for programs that demonstrate an intention to hire, mentor, or otherwise support the engagement of former participants/parents as home visitors.

7.f. Consider allocating cross-funder resources to TA or training to programs on the types of programmatic innovations that could be scaled with more dedicated funding following implementation of the Funding Commission recommendations.

Status: No major changes	**FY25 Opportunity**
Because the ECBG PI RFP covers both center-based and home visiting program applicants, it would not be feasible to require or prioritize this type of participant-to-provider career pathway via the FY24 ECBG it would not apply to non-home visiting ECBG applicants. IDHS-DEC has indicated they could potentially consider offering priority points for programs that demonstrate strategies for parent-participant career pathways but lack sufficient TA and additional support to require this of all applicants. With limited public funding and mandates to grow services under Smart Start, the funders have understandably dedicated funding to core programmatic expenses, no pool of cross-funder resources exists for TA on applications or programmatic innovations.	Additional exploration into viable parent-provider career pathways should be undertaken by the major funders with the aim of producing joint guidance for programs looking to explore this enhancement. This may need to occur in conjunction with future governance/transition activities. This priority should be elevated to the TAC. Similarly, the opportunity of building shared TA or training on programmatic innovations should be elevated to the TAC for inclusion in the new ECE agency's priorities.